



P A T E N T

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeffrey M. Wendlandt

Serial No.: 10/072,697

Examiner: B. Pantuck

Filing Date: February 7, 2002

Group Art Unit: 3731

For: SURGICAL CLIP WITH A SELF-RELEASING FLUID RESERVOIR

Docket No.: 1001.1440101

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612965 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 11th day of February 2004.

By Kathleen L. Boekley
Kathleen L. Boekley

Dear Sir:

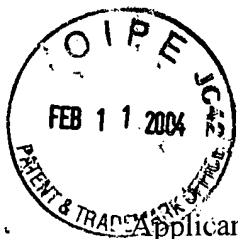
This paper is in response to the Final Office Action mailed December 31, 2003, with a priority period set to expire on February 29, 2004 and a shortened statutory period set to expire on March 31, 2004. This paper is filed within the set priority period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

02/17/2004 SZEWDIE1 00000124 10072697

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D-3**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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TRANSMITTAL SHEETMail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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By Kathleen L. Bookley
Kathleen L. Bookley

We are transmitting herewith the attached:

[XX] Amendment After Final
[] No additional fee required
[XX] The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	20 -	21 =	0	X 9=	\$	X 18=	\$0
INDEPENDENT CLAIMS	9 -	3 =	6	X 43=	\$	X 86 =	\$516
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$0
TOTAL				\$		\$516	

[XX] A check in the amount of \$516.00 is enclosed. Itemization:

Fee Code 1204 \$516.00

Fee Code _____ \$

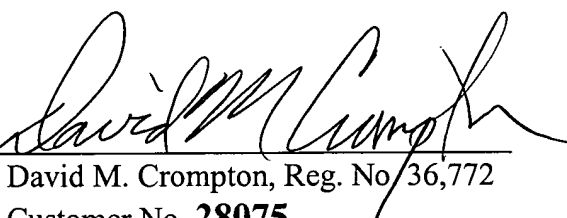
Fee Code _____ \$

[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[] Other: _____.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772
Customer No. **28075**

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